FCC Form **466 - A**

Health Care Providers Universal Service

Internet Service Funding Request and Certification Form

(And Advanced Services Funding Request and Certification for Entirely Rural States)

Approval by OMB 3060—0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information

1 HCP Name	Hamot Health Foundation	2 HCP Number	17240
3 Form 465 Application #	17240-00-0001	4 Consortium Name (If any)	Northwestern PA Telemedicine Initiative

Block 2: Bill Payer Information

5 Billed Entity Name	Hamot Medical Center(Northwestern PA Telemedicine)	6 Billed Entity's FCC RN	0013770524
7 Contact Name	Steve E. Glover		
8 Address Line 1	300 State St		
9 Address Line 2	Information Systems Department		
10 City	Erie	11 State PA	12 Zip 16550
13 Contact Phone #	814-877-3807	14 Fax # 814-877-6793	15 E-Mail Steve.glover@hamot.org

Block 3: Funding Year Information

16 Funding Year - Check only one box

[ ] Year 2007 (7/1/2007-6/30/2008) [ ] Year 2008 (7/1/2008-6/30/2009) [x] Year 2009 (7/1/2009-6/30/2010)

Block 4: Service Information

17 Give a brief description of the service for which support is requested:

The purpose of the program is to provide specialty services and educational programs not available in rural community hospitals and satellite facilities. Live,interactive videoconferencing consultations will be performed and diagnostic studies may be transmitted.

18 Percentage of HCP's service used for the provision of health care. (If less than 100%, please explain.)

100%

19 Location where service is provided: Kane Hospital(Sheffield, Johnsonburg HC,Medical Park), Bradford Regional Medical, Charles Cole Memorial

20 Service Provider Name: Zeto Media Commerical Voice, LLC

21 Service Provider Identification Number (SPIN)	143031076	22 Billing Account Number	87454
23 Contract Number (NA if no contract)	87454	24 Date contract signed or service selected	6/18/09
25 Contract Expiration Date (NA if no contract)	36 months	26 Expected Service Start Date	on or before 12/18/09

27 Were bids received in response to Form 465? [x] Yes [ ] No If yes, submit copies.

Block 5: Cost of Service

28 Installation Charge (If applicable) $15,000.00	29 Monthly rate charge (Enclose documentation) 11503.27

Block 6: Certification

30 [x] I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

31 [x] Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

32 [x] I hereby certify that the billed entity requesting reduced rates will maintain complete records for the service for five years.

33 [x] I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature	35 Date 7/14/2009
36 Printed name of authorized person Gary M. Maras	37 Title or position of authorized person Senior Vice-President, Business Development
38 Employer of authorized person Hamot Medical Center	39 Employer's FCC RN 13770524